

**MASS MARKETED LIFE AND HEALTH INSURANCE
FORM FILING ABSTRACT**

The following are data and information requests concerning the policy forms and Policy contract provisions.

- (1) Date Filed _____
- (2) Proposed effective date _____
- (3) Policy types affected (i.e.: health or life). Provide a brief statement itemizing coverage.
- (4) Provide a copy of the entire policy and contract provisions.
- (5) All forms and policy disclosures should be itemized in accordance with the index of forms you provide on page 2 of this abstract.
- (6) All policies and related forms being submitted for approval shall be submitted in duplicate. One copy will be retained by the Department, the other copy will be returned to the insurer with the action taken by this Department. All forms should be duly numbered. A postage-paid envelope must be submitted with all filings.
- (7) If the form is new, not replacing an existing form, a statement to that effect should be made.
- (8) If the form contains provisions, conditions, or concepts, which depart from those generally accepted by the industry, a statement to this effect should point out the purpose and use of the form.
- (9) Submission letters should state whether or not the form has been approved or authorized for use by the Insurance Department of the insurer's state of domicile.
- (10) Every policy form and every rider or endorsement to be used which affects the premium rate scheduled for a policy form, submitted for approval shall be accompanied by a rate filing.

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FORM NUMBER	REPLACES FORM # (if applicable)	Description of Coverage and / or Intended Use of the Form. Indicate if the Form is New, a Replacement of a Current Form, or to be Withdrawn.